

Attachment A - Bivens Complaint form

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF WEST VIRGINIA

Alonzo Johnson

21857-039

(Enter above the full name of the plaintiff  
or plaintiffs in this action)

(Inmate Reg. # of each Plaintiff)

v.

CIVIL ACTION NO. 1:17-03348  
(Number to be assigned by Court)

Dentist Anthony Williams  
Individual Capacity

(Enter above the full name of the defendant  
or defendants in this action)

Defendant(s).

**COMPLAINT**

**I. Parties**

A. Name of Plaintiff:

Alonzo Johnson

Inmate No.:

21857-039

Address:

FCI McDowell P.O. Box 1009  
Welch, WV. 24801

- B. Additional Plaintiff(s) (provide the same information for each plaintiff as listed in Item A above).

Name of Plaintiff: \_\_\_\_\_

Inmate No.: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Name of Plaintiff: \_\_\_\_\_

Inmate No.: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

- C. Name of Defendant: Anthony Williams

Position: Dentist

Place of Employment: FCI McDowell

Welch, WV. 24801

- D. Additional Defendant(s) (provide the same information for each defendant as listed in Item C above):

Name of Defendant: \_\_\_\_\_

Position: \_\_\_\_\_

Place of Employment: \_\_\_\_\_  
\_\_\_\_\_

Name of Defendant: \_\_\_\_\_

Position: \_\_\_\_\_

Place of Employment: \_\_\_\_\_  
\_\_\_\_\_

## II. Place of Present Confinement

Name of Prison/Institution: FCI McDowell

A. Is this where the events concerning your complaint took place?

Yes ☒ No ☐

If you answered "no," where did the events occur? N/A

B. Is there a prisoner grievance procedure in this institution?

Yes ☒ No ☐

C. Did you present the facts relating to your complaint in the prisoner grievance procedure? Yes ☒ No ☐

If you answered "no," explain why not: N/A

If you answered "yes," what was the result at level one, level two and level three (attach grievances and responses): Ruled in favor of

Dentist Anthony Williams

## III. Previous Lawsuits

A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise related to your imprisonments?

Yes ☐ No ☒

B. If your answer to A is "yes," describe the lawsuit in the space below. If there is more than one lawsuit, describe the additional lawsuits on another piece of paper using the same outline.

1. Parties to the previous lawsuit:

Plaintiff(s): N/A

Defendant(s): N/A

2. Court (if federal court, name the district; if state court, name the county);

N/A

3. Docket Number:

N/A

4. Name of judge to whom case was assigned:

N/A

5. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?)

N/A

6. Approximate date of filing lawsuit:

N/A

7. Approximate date of disposition:

N/A

#### IV. Statement of Claim

State here, as briefly as possible, the facts of your case. Describe what each defendant did to violate your constitutional rights. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets of paper if necessary.)

Independent Contractor Anthony Williams violated my constitutional rights and my person. Defendant performed procedures in plaintiff mouth (teeth) that was not explained to plaintiff. Mainly defendant placed false covering on plaintiff's upper tooth and defendant shaved plaintiff's three bottom teeth. All procedures explained above was done by defendant without plaintiff knowledge or consent. The intern (inmate) name unknown was there as well as staff Ms. Lucas who helped defendant. Date of incident 2/10/2017.

"Usince 42 U.S.C. § 1983 and 28 U.S.C. § 1331" 8th Amend.  
 Plaintiff- Pain and suffering, from mental and emotional damage, and from inadequate medical care, and assault.

**V. Relief**

State briefly and exactly what you want the Court to do for you. Make no legal arguments.  
Cite no cases or statutes.

I REQUEST This Court To Order The Defendant  
Dentist Anthony Williams To PAY me in The sum  
of \$300,000 OR settle out in The sum of  
\$200,000 and for The Defendant To APOLOGIZE  
AS well AS be stricken from his practice  
for 15 yrs The remainder of my sentence.

Signed this 12<sup>th</sup> day of July, 2017.

Alonzo Johnson

Alonzo Johnson

\_\_\_\_\_  
Signature of Plaintiff or Plaintiffs

**I declare under penalty of perjury that the foregoing is true and correct.**

Executed on 7-12-2017  
(Date)

Alonzo Johnson

\_\_\_\_\_  
Signature of Plaintiff



**U.S. Department of Justice**

Federal Bureau of Prisons

*Beckley Consolidated Legal Center*

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1600 Industrial Park Road, P.O. Box 1280  
Beaver, West Virginia 25813

April 26, 2017

Alonzo Johnson  
Register No. 21857-039  
FCI McDowell  
P.O. Box 1009  
Welch, WV 24801

Re: Your Tort Claim No. TRT-MXR-2017-03411

Dear Mr. Johnson:

Your claim has been considered for administrative settlement under the Federal Tort Claims Act, 28 U.S.C. § 2671, *et. seq.*, and authority granted under 28 C.F.R. § 0.172. You claim government liability in the amount of \$300,000.00 for personal injury. Specifically, you allege that on February 10, 2017, dental staff at FCI McDowell were negligent when they shaved your bottom teeth unevenly without your consent.

Investigation revealed that on August 3, 2015, you were seen for a dental cleaning and a panoramic radiograph was taken. A review of the panoramic radiograph indicated that teeth #23, 24, 25 and 26 (lower incisors) appeared to be uneven with jagged edges. You were seen for another cleaning and assessed by the Chief Dental Officer ("CDO") on October 27, 2016. At that time, a comprehensive dental exam and treatment plan was completed. During this visit the CDO explained the upcoming dental procedures to include a composite restoration on tooth #9 (upper front incisor). On January 27, 2017, you were scheduled for surgical extractions of teeth #12 and 16. You signed a consent form for the extractions of tooth #16 and a refusal of treatment form was also signed for the extraction of tooth #12. The contract dentist extracted tooth #16 and provided you with post-op instructions.

On February 10, 2017, you were seen by the contract dentist for composite restorations of teeth #9 and 29. Filtek composite material was used for both restorations. An occlusal adjustment was done on your bottom opposing teeth as is often needed to prevent any undo trauma due to a patient's occlusion (bite).

On March 23, 2017, you were seen in the dental clinic by the CDO. You stated that you were upset and did not sign a consent form for fillings or procedures related to fillings. It was explained that these procedures are not surgical in nature and do not require a consent to be signed. Upon examination by the CDO, the occlusal adjustments on your bottom teeth were minimal and necessary to prevent further damage to tooth #9 and the new restoration which had been placed.

Exempted from cognizable claims under the FTCA are actions of independent contractors. *See* 28 U.S.C. § 2671. The dentist was not an employee of the Federal Bureau of Prisons or a government employee. He was an independent contractor. As such, the United States is immune from suit for the actions of the contract dentist. *See Hodge v. United States*, 443 F. Supp. 2d 795, 798 (E.D. Va. Aug. 11, 2006) (independent contractor exception applied when BOP contracted with a physician to provide medical services and did not supervise the physician); *Bailor v. Salvation Army, et al.*, 854 F. Supp. 1341 (N.D. I.N. June 10, 1994) (independent contractor exception applied where inmate sent to a community corrections center, while still a BOP inmate, brutally raped a woman and where the BOP had comprehensive guidelines for the center to follow but BOP did not supervise the center); *Logue v. U.S.*, 412 U.S. 521, 530 (1973) (county jail housing BOP prisoners was independent contractor because there was no authority to physically supervise the employees even where BOP rules and regulations specified standards of treatment for inmates, discipline, employment, and other matters).

Based on the above, your claim is denied. This is a final denial of your claim. If you are not satisfied with this determination, you have six months from the date of mailing of this letter to bring suit in an appropriate United States District Court, should you wish to do so.

Sincerely,

A handwritten signature in black ink, appearing to read 'Matthew W. Mellady', written over a horizontal line.

Matthew W. Mellady  
Regional Counsel



<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency: <b>FCI Beckley Consolidated Legal Center P.O. Box 1280 Beaver, West Virginia 25813</b> <b>FBOP Federal Bureau of Prisons</b>			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code. <b>Alonzo Johnson #21857-039</b> <b>FCI McDowell P.O. Box 1009 Welch, WV. 24801</b>		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		4. DATE OF BIRTH <b>N/A</b>		5. MARITAL STATUS <b>N/A</b>	
6. DATE AND DAY OF ACCIDENT <b>2-10-2017 Friday</b>		7. TIME (A.M. OR P.M.) <b>10:30<sup>am</sup> - 10:50<sup>am</sup></b>			
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary). <b>Dentist Williams informed me that he will be filling two of claimant's teeth and out of the two he is going to fix the front upper chip tooth. Claimant was unaware until after he went back to his cell that the three front bottom teeth has been shaved/cut unevenly and scary looking. This is very unprofessional practice. This is cruel and unusual punishment. Claimant was not given no consent form to sign or refuse the dental procedure that took place on 2-10-2017 as claimant was given consent forms to the extraction of teeth on 1-27-2017. Claimant avers that he has a right to be inform on what dental procedure see next page</b>					
9. PROPERTY DAMAGE					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code). <b>N/A</b>					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side). <b>N/A</b>					
10. PERSONAL INJURY/WRONGFUL DEATH					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT. <b>Claimant three front bottom teeth are shaved/cut and now damaged, uneven, shaved/cut crookedly for life. They are no longer straight. Claimant's front top chip tooth has some kind of false covering. All mentioned claimant did not consent to and was not given the right to consent or refuse. Claimant is now emotionally distress.</b>					
11. WITNESSES					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
<b>Inmate Franco (Intern) nurse/dental help Ms. Lester HSA Ms. Lucas Dentist Anthony Williams</b>		<b>Federal Correctional Institution-McDowell P.O. Box 1009 Welch, WV. 24801</b>			
12. (See instructions on reverse). AMOUNT OF CLAIM (in dollars)					
12a. PROPERTY DAMAGE <b>N/A</b>		12b. PERSONAL INJURY <b>\$300,000</b> <b>Three Hundred Thousand</b>		12c. WRONGFUL DEATH <b>N/A</b>	
				12d. TOTAL (Failure to specify may cause forfeiture of your rights). <b>\$300,000</b> <b>Three Hundred Thousand</b>	
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side). <b>Alonzo Johnson</b>			13b. PHONE NUMBER OF PERSON SIGNING FORM <b>N/A</b>		14. DATE OF SIGNATURE <b>2-1-2017</b>
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM  The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS  Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		



Continued,

Would be taken place in claimant's mouth. Claimant also avers that he has a right to refuse Dental procedure as to his mouth. At the time the dental procedure took place claimant's mouth was very numb. Claimant had no feeling or knowledge that his teeth were being cut/shaven. Claimant thought his teeth was being cleaned, until claimant returned back to his housing Unit Cell and looked in the mirror to find his Teeth (3) at the front Bottom shaven/cut crookedly and some kind false addition on his front (1) Top Tooth. Claimant began to cry for a short minute or two. Claimant is still mentally stressing because of this Dental procedure here at FCI McDowell. IT is enough that Claimant is serving 300 months, staff here is retaliating against him, Claimant missing his children, grandchildren and his Freedom. This is so emotionally stressful. Claimant avers that his Constitutional Rights has been violated. Had Claimant of such unlawful, and unprofessional Dentist procedure was going to take place in claimant's mouth, such as the shaving/cutting of his teeth (front three bottom teeth) and false covering over front top chip tooth Claimant strongly Quote "That I would not have consented to this Dental procedure mentioned in the above." see Attached Exhibits seeking sum from Dentist Anthony Williams, FBDP, and whom you deem appropriate

REGIONAL ADMINISTRATIVE REMEDY APPEAL  
PART B - Response

Date Filed: May 11, 2017

Remedy ID No.: 895636-R1

You appeal the Warden's response to your request for administrative remedy. You allege you were not informed of the dental procedures that were performed on you.

Medical and dental care provided by the Bureau of Prisons (BOP) is provided to all inmates pursuant to appropriate medical standards and following the guidelines provided by law and policy. According to Program Statement 6400.03 Dental Services, Comprehensive Dental Care (Non-Urgent Dental Care) includes non-urgent treatment procedures identified on the Treatment Planning Examination. This includes amalgam and composite restorations.

A review of your medical record shows your name was added to the Dental Routine Treatment List at FCC Allenwood on August 30, 2013. You arrived at FCI McDowell May 21, 2015, and you were subsequently scheduled for dental cleaning appointments with the Registered Dental Hygienist on May 26, 2015, August 3, 2015, and October 27, 2016. Treatment Plan Examinations were performed by the Dentist at FCI McDowell on August 3, 2015 and October 27, 2016. At the Treatment Plan Examination appointments the proposed treatment plan of extraction of two severely decayed teeth on the upper left side, a filling on the lower right side and filling of the chipped front tooth was discussed with you. You refused to have the upper left premolar extracted and signed a refusal of treatment form. You provided written informed consent for the extraction of your upper left wisdom tooth #16 on January 27, 2017. You gave verbal consent for all other treatment including the placement of composite fillings on anterior tooth #9 and premolar tooth #29 on February 10, 2017. Composite fillings are tooth-colored resin materials used to restore decayed or fractured teeth which provide good durability and resistance to fracture in small fillings as well as having superior esthetic qualities optimal for use in anterior teeth. The composite material used for your fillings was deemed to be the best material for your clinical situation and the proposed treatment was discussed with you at the time of your dental appointment for which you gave verbal consent. Per BOP policy (Program Statement 6400.03) written consent is only required for surgical procedures, root canals, removal of orthodontic appliances, and treatment by a student provider.

You are encouraged to continue to work with your Dentist for dental related issues and concerns. This response is for

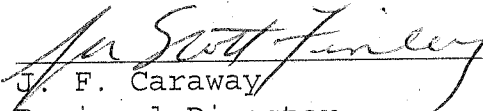
informational purposes only.

If you are dissatisfied with this response, you may appeal to the General Counsel, Federal Bureau of Prisons, 320 First Street, NW, Washington, DC 20534. Your appeal must be received in the General Counsel's Office within 30 days from the date of this response.

JUN 13 2017

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Date

  
J. F. Caraway  
Regional Director  
Mid-Atlantic Region

U.S. Department of Justice

## Regional Administrative Remedy Appeal

Federal Bureau of Prisons

Type or use ball-point pen. If attachments are needed, submit four copies. One copy of the completed BP-229(13) including any attachments must be submitted with this appeal.

From: Johnson Alonzo L. 21857-039 131 McDowell  
 LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

**Part A - REASON FOR APPEAL** I now appeal BP-96895636-F1) Warden Rickard's Denial, BP-96895636-F1) states I had no concerns with tooth 9 being restored. This is a lie. I did not know I was informed that some fake stuff was going to be placed on my "chip tooth, 9" I have a right to be informed of what is being added to my tooth and what is going to be removed from my teeth. BP-96895636-F1) then go on to state that "The occlusion was adjusted on teeth 23, 24, and 25. The occlusion was adjusted according to your bite to prevent fracture and occlusal adjustments trauma on tooth (9). Placement of restorations and occlusal adjustments do not require a written consent." Again, and I pray you agree, I have a right to be informed on what procedures are going to take place on me, whether adding on or taking off my body internal or external. This way I can consent or refuse. The dental procedure that took place in my mouth violated my human rights and dignity. I request that dentist Anthony Williams be fired and stricken from his dental practice for 15 years or however much longer you deem appropriate.

4-25-2017  
 DATE

Alonzo Johnson  
 SIGNATURE OF REQUESTER

**Part B - RESPONSE**

Received

MAY 11 2017

Mid-Atlantic Regional Office

DATE

REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the General Counsel. Your appeal must be received in the General Counsel's Office within 30 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER:

895636-21**Part C - RECEIPT**

CASE NUMBER: \_\_\_\_\_

Return to: \_\_\_\_\_  
 LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

SUBJECT: \_\_\_\_\_

DATE

SIGNATURE, RECIPIENT OF REGIONAL APPEAL

REQUEST FOR ADMINISTRATIVE REMEDY

MCD 895636-F1

Your Request for Administrative Remedy received March 13, 2017, has been reviewed. In your request, you state your teeth were shaved without your consent during a dental appointment.

A review into your request revealed you were seen for a dental visit on February 10, 2017, where composite restorations were placed on the occlusal surface of tooth 29, and the facial-incisal surface of tooth 9. The occlusion was adjusted, as is a common procedure due to the way you bite your teeth together.

On March 23, 2017, you were examined by the Chief Dental Officer. You stated you had no concerns with tooth 9 being restored but the bottom three teeth were shaved down without your consent. The examination revealed a composite restoration was placed on tooth 9, and the occlusion was adjusted on teeth 23, 24, and 25. The occlusion was adjusted according to your bite to prevent fracture and occlusal trauma on tooth 9. Placement of restorations and occlusal adjustments do not require a written consent.

Based on the above, this response is for informational purposes only. If you are not satisfied with this response, you may appeal to the Regional Director, Bureau of Prisons, Mid-Atlantic Region, 302 Sentinel Drive, Suite 200, Annapolis Junction, Maryland 20701, within 20 calendar days of the date of this response.

  
\_\_\_\_\_  
Barbara Rickard, Warden

4-10-17  
Date

**COPY**



Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: Johnson Alonzo L 21857-039 B1 McDowell  
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A- INMATE REQUEST Dentist Anthony Williams removed (shaved/cut) parts of my teeth that cannot be replaced by no such procedure. I as a human being has a right to know what procedures will be taking place on my body. I have a right to refuse or consent. For this unprofessional procedure conducted by Dentist Anthony Williams, I now suffer a lost of teeth and also I have to have a fake tooth. I now do not trust in the Dentist here at McDowell. My teeth are now uneven and cut/shaven without my knowledge or consent. I request Dentist Anthony Williams be fired and stricken from his practice for 15 years or however long you may deem appropriate.

3-8-2017  
DATE

Alonzo Johnson  
SIGNATURE OF REQUESTER

Part B- RESPONSE

Administrative Remedy Coordinator  
Received  
MAR 13 2017

DATE

WARDEN OR REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: 895636-F1

CASE NUMBER: \_\_\_\_\_

Part C- RECEIPT

Return to: \_\_\_\_\_  
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

SUBJECT: \_\_\_\_\_

DATE

RECIPIENT'S SIGNATURE (STAFF MEMBER)

B-1/163

MCD-1330.16B  
Administrative  
Remedy Program  
May 30, 2014  
Page 4

Attachment A

**REQUEST FOR ADMINISTRATIVE REMEDY  
INFORMAL RESOLUTION FORM  
FCI/FPC MCDOWELL  
Welch, WEST VIRGINIA**

The Bureau of Prisons Program Statement on Administrative Remedy Procedures for Inmates states that before an inmate seeks formal review of a complaint, he must try to resolve the complaint informally by presenting it to a staff member. The staff member must also try to resolve the complaint "informally" before the inmate will be given an Administrative Remedy Form.

INMATE'S NAME: Alonzo Johnson NO. 81857-039 UNIT 131

1. Specific Complaint: FCI McDowell Dentist "Anthony Williams" shaved/cut a few of <sup>2</sup>/m Johnson's teeth from the front bottom row of <sup>2</sup>/m Johnson's mouth. <sup>2</sup>/m Johnson was not informed nor was he given any consent form to sign for such procedure. Had <sup>2</sup>/m known of such was going to take place, <sup>2</sup>/m would have refused.
2. Relief Requested: Dentist Williams be fired and stricken from his practice for 15 yrs

3. Date/Time Complaint received from inmate: \_\_\_\_\_
4. Date/Time Informally discussed with inmate: \_\_\_\_\_
5. Staff Response: \_\_\_\_\_

6. Date Administrative Remedy provided: 2/27/2017 6:50pm

7. Informal Resolution was / was not accomplished.

Alonzo Johnson 21857-039  
INMATE'S SIGNATURE/REGISTER NO.

2-28-2017  
DATE

\_\_\_\_\_  
STAFF MEMBER'S NAME & TITLE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
UNIT MANAGER'S SIGNATURE

\_\_\_\_\_  
DATE

**DISTRIBUTION:** If the complaint is informally resolved before being receipted, the Correctional Counselors shall maintain the informal resolution form for future reference. If the complaint is not informally resolved, forward the original resolution form, attached to the Administrative Remedy Form, to the Administrative Remedy Clerk.



2-27-2017 MCD-1330.16B

AT OR AROUND  
8:15-8:35  
Administrative  
Remedy Program  
May 30, 2014  
Page 4

B1-163

Attachment A

**REQUEST FOR ADMINISTRATIVE REMEDY  
INFORMAL RESOLUTION FORM  
FCI/FPC MCDOWELL  
Welch, WEST VIRGINIA**

The Bureau of Prisons Program Statement on Administrative Remedy Procedures for Inmates states that before an inmate seeks formal review of a complaint, he must try to resolve the complaint informally by presenting it to a staff member. The staff member must also try to resolve the complaint "informally" before the inmate will be given an Administrative Remedy Form.

INMATE'S NAME: Alonzo Johnson NO. 21857-039 UNIT 131  
1. Specific Complaint: FCI MCDOWELL Dentist Anthony Williams shaved / cut few teeth from 1/2 Johnson's mouth without 1/2 knowing or signing any consent form to allow or to have a chance to refuse. 1/2 will be seeking a sum of money through Tort claim per 1/2 handbook / BOP Policy.  
2. Relief Requested: Dentist be fired and stricken from his practice for 15 yrs.

3. Date/Time Complaint received from inmate: 2/21/2017 1pm  
4. Date/Time Informally discussed with inmate: 2/21/2017 1pm  
5. Staff Response: \_\_\_\_\_

6. Date Administrative Remedy provided: 2/14/2017 9:53am

7. Informal Resolution was / was not accomplished.

Alonzo Johnson 21857039  
INMATE'S SIGNATURE/REGISTER NO.

2-16-2017  
DATE

C. Probst Counselor  
STAFF MEMBER'S NAME & TITLE

2/21/2017  
DATE

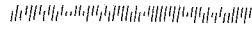
UNIT MANAGER'S SIGNATURE

DATE

**DISTRIBUTION:** If the complaint is informally resolved before being receipted, the Correctional Counselors shall maintain the informal resolution form for future reference. If the complaint is not informally resolved, forward the original resolution form, attached to the Administrative Remedy Form, to the Administrative Remedy Clerk.

170720 JONAS 0115 1 037  
Federal Correctional Institution McDowell  
P.O. Box 1009  
Welch, WV. 24801

Charleston P&DC 253  
WED 12 JUL 2017 PM



Clerk, U.S. District Court  
ELIZABETH KEE Federal Building  
601 FEDERAL STREET, RM 2303  
Bluefield, WV 24701

LEGAL MAIL

US MAIL  
FIRST CLASS

FEDERAL CORRECTIONS INSTITUTION  
PO BOX 100  
MILWAUKEE, WI 53201  
DATE 7/14/17

THE ENCLOSED LETTER WAS PROCESSED THROUGH  
SPECIAL DELIVERY AND SHOULD BE CONSIDERED TO  
BE A FINAL NOTICE. IF YOU DO NOT RESPOND TO  
THIS LETTER WITHIN 30 DAYS, YOUR NAME WILL BE  
FORWARDED TO THE ATTORNEY GENERAL'S OFFICE  
FOR REVIEW. YOU MAY WANT TO RETURN THE MATERIAL  
TO THE WRITER SO THEY CAN PROVIDE FOR  
RETURNING THE ENCLOSED TO THE ABOVE ADDRESS.